

# Domestic Violence Program Information Form

## Virginia Department of Social Services

### Request for Proposals Number CVS-12-049

Grant Program:	Domestic Violence Prevention & Services Program		
Applicant:			
Mailing Address:			
Applicant Federal ID Number:			
Applicant DUNS Number:			
Registered with the CCR?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Program Title:			
Grant Period:	July 1, 2012 – June 30, 2013		
Application Type:	<input type="checkbox"/> New; <b>OR</b> , <input type="checkbox"/> Established; <b>and</b> , <input type="checkbox"/> Check this block <b>only</b> if the applicant is a DV Program that is accredited (fully or provisionally) by Virginia Sexual and Domestic Violence Action Alliance		
	<b>Project Director</b> (managing the grant activities)	<b>Project Administrator</b> (authorized agency/locality administrator)	<b>Finance</b> (overseeing the project budget and invoices)
Name:			
Title:			
Address			
Phone:			
Fax:			
Email:			
<b>Budget Request:</b>	<b>Total Requested from VDSS</b>	<b>Match (20% or 35%)</b>	<b>Total Project Budget</b>
<input type="checkbox"/> Check this box if the program will be invoicing on a <b>Quarterly</b> basis <input type="checkbox"/> Check this box if the program will be invoicing on a <b>Monthly</b> basis			

\_\_\_\_\_  
**Signature of Project Administrator**

\_\_\_\_\_  
**Date**

Attachment A